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MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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Office: 242 State Street, Augusta, Maine

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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

	LEGISLATOR INFORMATION			
Name		Member of:		
Emily Ann Cain	Member of: Chouse Senate			
Mailing address		District Genate		
103 Forest Are	House - 19			
City, zip code	Phone			
Ostono Ond	866-3753			
PART 1. INCOM	E DERIVED FROM EMPLOYMENT BY ANO	THER		
List the name and address of each employ principal type of economic activity of each er	yer from whom you received compensation of mployer.	of \$1,000 or more. Specify the		
Name of Employer	Address	Principal Type of Economic Activity of Employer		
State of Maine	2 State House Station	Government		
Legislature	Augusta, ME 04333			
Univ. of Maine	5716 Coluin Hall	Educational		
Honors College	01040, ME 04469	Laucational		
PART 2: INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.) A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.				
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)		
Name: Emerald Group, UC	Rentals +	Real Estate		
Address: PO Box 195, Opn 6, 04473	Condo Sevelopnat	Rentals & condos		
Name:		en e		
Address:				

				7
	PART 2 (continued). INCOME DERIVED For Legislators who are self		YMENT
is greater, and specify th	ne principal type of econo by law, rule, or an establi	employment that represent omic activity of the entity of ished code of professional	s more than 10% of your	gross income or \$1,000, whicheve derived such income. If this form o principal type of economic activity of
	Name and Ado	dress of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:				
Address:				
Name:				
Address:	DΛR	RT 3. MAJOR AREAS	DE PRACTICE	
	(F	or Legislators who are attorne	ys-at-law only.)	
List your major areas of p	practice. If associated w	ith a law firm, list the majo	Marie Contractor of Assessment Assessment	S. A. S. AMERICAN STATISTICAL AND CONTROL OF THE CO
	Name and Address of Fi	m	Major Areas of Pra	ctice Major Areas of Practice (firm)
Name:	en e	N/0x >		
Address:			No. of the state o	
Name: Address:		•		
	PAR	T 4. OTHER SOURCE	S OF INCOME	
List each source of incon	ne of \$1,000 or more <u>not</u>	listed in Parts 1, 2, or 3 of	this form. Do not includ	e gifts. If none, check the box.
Rone	Name and Ado	Iress of Source		Kind of Income (investments, leases, etc.)
Name:				
Address:				March \$1000 persons at the second sec
Name:	·			
Address:		DE E DESCRIPTARIE	I I A DILITICO	
List the names of creditorareas of economic activity	ors for any <u>unsecured</u> loa	ans of \$3,000 or more that ot list loans from a relative	you received during the	reporting period, and list the major
None		ommune media annuluk (K. 1980) (K. 1981) (K. 1	-	
	Name and Add	ress of Creditor		Principal Type of Economic Activity of Creditor
Name:		-		
Address:				
Name:				
Address: .	9	3		
1 1 1 1 1 1 2 2 2 2 2 1 1 1 2 2 2 2 2 1 1 1 1 2 2 2 2 2 2 1 1 1 2	The second secon	PART 6. REPORTABL	<u> </u>	
List the specific source o none, check the box	Teach gift of more than \$	sou. Include gifts with an	aggregate value of more	than \$300 from a single source. If
None		and the second of the second o	NEL 1.2 C	Course of Offi
Nar 1.	me of Source of Gift	. 3.	Name of	Source of Gift
2.	s	4.	and the same of the same and the contract of the same and	men media ne nami mengnahasa sa menana and laan laan laamin menan sebesah sebagai salah M

PART 7. REPOR	:	4	2,	(7) (18.4) (19.4) (19.4)	Part I
List the source of any honoraria accepted for appearances or spee	eches rel	ated to y	our off	ficial duties. If none, check the box.	- Section of the section of
None	on one simonomina a co	نيد - د چن	er weger (Serryttis Seider aus eine Austr	Annex 7	
Name of Source of Honoraria	initial and a second	بنه	N	lame of Source of Honoraria	one of the order
1.	3.	-543-0			
2.	4				Table Visional and Constitution and
PART 8. REPRESENTATIO	N BEF	ORE ST	ATE A	AGENCIES	
List each executive branch agency before which you represented the box.	l or assis	sted other	ers for	compensation of any amount. If none,	check
Allone		PSC 1.0.7 2	Printer or Services		hand
Name of Agency			- 40	Name of Agency	
1.	3.				manimum Profit Sing shire
2.	4.		W		Table Posterior (CA) Table Posterior (MA) and
PART 9. BUSINESS V	MITH S	ΓΔΤΕ Δ	GENC	NEQ 1 3 4	
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.					ess of
None	W.Ydo		-		TVIIIA BARBANA AARAA MARAA MARAA
Name of Agency				Name of Agency	y y y y y y y y y y y y y y y y y y y
1.	3.			4000	attitudence or a strong ye.
2.	4.	-	500:00X	William has been supported to the support of the su	
PÄRT 10. INCOME RECEIVED BY	МЕМВ	ERS OI	= IMM	EDIATE FAMILY	1.1.2.1
List the type of economic activity representing each source of incomerce) during the reporting period and the kind of income represented "D" for income received by dependents.	ome of §	31.000 o	r more	received by your spouse or dependent	t child use or
Type of Economic Activity Representing Source of Income Rece		Circ approp	oriate	Kind of Income	
1. Education - Community College Fundro	usuq	(S)	D	Employment	Sec. Seasible.
2. Real Estarc - rentals & condos		(s)	D	Employment seef-employment	~2000aanaanaanaanaanaanaanaanaanaanaanaana
3.	CONTROL CONTRO	S	D		Pitti i elizadine epipem eger u
4.		S	D		
SIGN	ATURE				
A Legislator who willfully fails to file a required statement is st (1 M.R.S.A. § 1017-A)	ubject to	a fine	of \$10) per business day until the report is	filed.
The intentional filing of a false statement is a Class E crime. If willfully filed a false statement, it shall refer its findings of fact to the statement of the control o	f the Co	mmissio	n cond	cludes that it appears that a Legislate	or has
If the Commission determines that a Legislator has willfully failed the Legislator shall be presumed to have a conflict of interest question in committee or in either branch of the Legislature, a (1 M.R.S.A. § 1019)	l to file a t on eve	require	d state	nd shall be precluded from voting of	กากเ
Check !		5		2000	ļ

Date

NAME:	DATE:
ADDRESS:	
F. 2 (S. 2)	ADDITIONAL INFORMATION
Please provide any additional information you are providing.	information below (and on additional sheets if needed). Indicate the part or section number for the
Part/Section Number	
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